MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-004320
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 810

FILED JAN 3 1 1963

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: work

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 710 South 6th Street — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN ---- Inside Limits Yes [ ] No [ ]

d. STREET ADDRESS (If outside, give location) 2817 Lyndhurst Ave — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Maurice Middle: Bohrer Last: Wills

4. DATE OF DEATH Month Day Year: January 23, 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 1/7/01

9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Despatcher

10b. KIND OF BUSINESS OR INDUSTRY: Rauch Truck Lines

11. BIRTHPLACE (City and state or country): St. Charles Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Walter Wills

13b. MOTHER'S MAIDEN NAME: Elnora Bohrer

14. NAME OF HUSBAND OR WIFE: Lola Wills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I

17. INFORMANT Address: Mrs Lola Wills 2817 Lyndhurst Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

	Cause	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive cardio-vascular disease	6 yrs
DUE TO (c)	443X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2-2-1957, to Jan 23, 1963 and last saw him alive on Jan 23, 1963
Death occurred at 10.30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. A. Dilm M D

22b. ADDRESS: 9785 Page Blvd St. Louis 14, Mo

22c. DATE SIGNED: 1-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jan 26, 1963

23c. NAME OF CEMETERY OR CREMATORY: Mount Lebanon Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS: Shepard Funeral Home 1167 Hamilton Ave

25. DATE RECD. BY LOCAL REG.: JAN 25 1963

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

APR 11 1963

DR M A DIE HR.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~under~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Laurence O. Ewing

Licensed Embalmer No. 4979

P. O. Address Berkeley 3, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.